NEW CURRICULA

Learning, teaching, and assessment programs

Advanced Training in Neonatal and Perinatal Medicine (Paediatrics and Child Health)

RACP
Specialists. Together

About this document

The new Advanced Training in Neonatal and Perinatal Medicine (Paediatrics and Child Health Division) curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the Advanced Training in Neonatal and Perinatal Medicine (Paediatrics and Child Health Division) LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in Neonatal and Perinatal Medicine (Paediatrics and Child Health Division) curriculum standards.

The new curriculum was approved by the College Education Committee in February 2025. Please refer to the College website for details on its implementation.

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LTA STRUCTURE

The learning, teaching, and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards in the program.

The program is structured in three phases. These phases establish clear checkpoints for trainee progression and completion.

Entry criteria

Prospective trainees must have:

- completed RACP Basic Training, including the Written and Clinical Examinations

- general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.

- an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.

LTA PROGRAMS

The LTA programs outline the strategies and methods to learn, teach, and assess the curriculum standards.

Entry

1 training application

Learning

Minimum 36 months FTE professional experience
Developmental and psychosocial training

1 rotation plan per rotation

RACP Advanced Training Orientation resource

RACP Supervisor Professional Development Program

RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource

RACP Health Policy, Systems and Advocacy resource

1 Procedures logbook

1 Neonatal retrievals logbook

1 Presentation of a research at hospital grand rounds, conferences or journal club (suggested)

1 Attendance at a biostatistics or quality improvement course (suggested)

Recommended resources

Teaching

2 supervisors per rotation

1 research project supervisor

Assessment

12 learning captures per phase

12 observation captures per phase

4 progress reports per phase

1 research project

About the program

Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

Overview of specialty

Neonatal and perinatal medicine encompasses the diagnosis, treatment, and management of health and developmental issues in newborn infants, including those born preterm, with low birth weight, or with medical, surgical, or developmental conditions. This speciality collaborates in multidisciplinary teams that include allied health professionals, nurses, and midwives, and works closely with obstetrics and maternal fetal medicine in the antenatal counselling of high-risk pregnancies.

Neonatal and perinatal medicine focuses on the provision of family-centred care to newborn infants, including critically ill neonates, using a multidisciplinary team approach. This care can occur in pre-hospital, hospital, and follow-up settings.

Neonatal and perinatal specialists provide a range of care, including:

- **assessing, diagnosing, and managing complex medical and surgical issues.** Neonatologists lead the coordination of care, in consultation with subspecialty medical, surgical, and allied health specialists, where required, to formulate management plans for their patients. In some settings, neonatologists provide ongoing management following discharge from the acute setting, such as the neonatal intensive care unit (NICU), including long-term growth and developmental follow-up in the outpatient clinic setting, before transitioning care to another physician.
- **perform challenging technical procedures.** Neonatologists are expected to be able to perform challenging technical procedures on sick infants.
- **provide resuscitation.** Neonatologists provide initial and ongoing resuscitation of sick newborn infants with respiratory and hemodynamic support.
- **manage transport.** Neonatologists manage the transport of newborns and infants who require transfer to a care setting more appropriate to their needs.
- **counselling expecting parents and carers.** Neonatologists counsel expectant parents following the diagnosis of fetal anomalies or threatened preterm labour.
- **provide end-of-life care.** Neonatologists provide care for dying sick neonates at all gestational ages, with knowledge of providing appropriate palliative treatment.

- **work in a range of settings.** Neonatal and perinatal medicine practice is predominantly in an academic setting within NICUs, with outreach to other areas of the hospital, including the delivery room and postpartum ward, as well as hospitals outside the academic institution. With increasing complexity of perinatal care, neonatologists are also required to practice in hospitals without NICUs, including private and public community hospitals.

Neonatal and perinatal medicine specialists provide leadership and work effectively in multidisciplinary teams. These specialists have skills and knowledge in:

- **multidisciplinary collaboration.** The highly specialised care neonatologists provide is delivered by working effectively with multidisciplinary teams of doctors and nurses from different specialities, psychologists, other allied health care professionals, and social workers to improve the physical and mental conditions in which families with an unwell infant find themselves.
- **leadership and management.** Neonatologists have the ability to provide team leadership and clinical skills training.
- **care for patients and families.** Neonatologists recognise the needs of the parents, carers, and families of newborn infants as a whole, and care for them compassionately.
- **professional and ethical practice.** Neonatologists often face difficult discussions with families in the antenatal and postnatal environment regarding counselling about care, management, prognostication, and, potentially, palliative care. Ethical and medicolegal knowledge and its application are central to many of these discussions.
- **medical knowledge and emotional intelligence.** It is the combination of intensive care skills, ethical and emotional support, and clinic follow-up that make this a unique specialty.

Supervising committee

The program is supervised by the Advanced Training Committee in Neonatal and Perinatal Medicine.

Qualification

Trainees who successfully meet the completion standards and criteria of this program will be awarded Fellowship of the Royal Australasian College of Physicians (FRACP).

Learning goals and progression criteria

Learning, teaching, and assessment structure

The learning, teaching and assessment structure defines the framework for delivery and trainee achievement of the curriculum standards in the Advanced Training program.

Advanced Training is structured in three phases. These phases will establish clear checkpoints for trainee progression and completion.

1	**Specialty foundation**	• Orient trainees and confirm their readiness to progress in the Advanced Training program.
2	**Specialty consolidation**	• Continue trainees' professional development in the specialty and support progress towards the learning goals.
3	**Transition to Fellowship**	• Confirm trainees' achievement of the curriculum standards, completion of Advanced Training, and admission to Fellowship. • Support trainees' transition to unsupervised practice.

Figure: Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.

- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.

- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.

Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of full-time equivalent experience, and progression and completion decisions are based on evidence of trainees' competence.

Entry criteria

Entry attributes	Prospective trainees can demonstrate:
	
	• a commitment and capability to pursue a career as a physician in neonatal and perinatal medicine.
	• the ability and willingness to achieve the common learning goals for Advanced Training:
	    • team leadership
	    • supervision and teaching
	    • the professional behaviours, as outlined in the Competencies

Entry criteria	Prospective trainees must have: • completed RACP Basic Training, including the Written and Clinical Examinations • general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand. • an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.

Progression criteria

To progress to the next phase or to complete the program, trainees must demonstrate:

- the ability to plan and manage their learning and to complete their learning and assessment requirements in a timely manner
- achievement of the learning goals to the levels outlined in the learning goal progression criteria.

Training committees or delegated progress review panels will consider evidence supporting trainees' achievement of the progression criteria and make progress decisions.

If criteria have not been met, committees or panels may decide to place conditions on trainees' progression to the next phase of training or not to progress trainees until all criteria have been achieved.

Learning goals

The curriculum standards are summarised as **27** learning goals.

The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training on a five-point scale. This scale determines the expected standard for each learning goal at the end of each training phase. Trainees must meet these standards to progress to the next phase or complete the program.

Learning and assessment tools are linked to the learning goals which allows trainees to demonstrate competence across each learning goal.

Levels	1	2	3	4	5
Be: Competencies (professional behaviours)	Needs to work on behaviour in **more than 5 domains** of professional practice	Needs to work on behaviour in **4 or 5 domains** of professional practice	Needs to work on behaviour in **2 or 3 domains** of professional practice	Needs to work on behaviour in **1 or 2 domains** of professional practice	Consistently behaves in line with **all 10 domains** of professional practice
Do: Entrustable Professional Activities (EPAs)	Is able to **be present and observe**	Is able to **act with direct supervision**	Is able to **act with indirect supervision** (e.g. supervisor is physically located within the training setting)	Is able to **act with supervision at a distance** (e.g. supervisor available to assist via phone)	Is able to **provide supervision**
Know: Knowledge guides	Has **heard of** some of the topics in this knowledge guide that underpin specialty practice *(heard of)*	**Knows** the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	**Knows how** to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	**Frequently shows** they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	**Consistently applies** sound knowledge in this knowledge guide to specialty practice *(does)*

	Learning goals	Entry criteria	Progression criteria		Completion criteria
		Entry into training *At entry into training, trainees will:*	**Specialty foundation** *By the end of this phase, trainees will:*	**Specialty consolidation** *By the end of this phase, trainees will:*	**Transition to fellowship** *By the end of training, trainees will:*
Be	**1. Professional behaviours**	**Level 5** consistently behave in line with **all 10 domains** of professional practice	**Level 5** consistently behave in line with **all 10 domains** of professional practice	**Level 5** consistently behave in line with **all 10 domains** of professional practice	**Level 5** consistently behave in line with **all 10 domains** of professional practice
Do	**2. Team leadership:** Lead a team of health professionals	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to provide supervision
	3. Supervision and teaching: Supervise and teach professional colleagues	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to provide supervision
	4. Quality improvement: Identify and address areas of improvement in health care delivery and value-based care	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to provide supervision
	5. Clinical assessment and management: Clinically assess and provide management to sick and healthy neonates	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to provide supervision
	6. Management of transitions in care and longitudinal care: Manage the transition of patient care between healthcare providers and health settings to ensure the optimal continuation of care	**Level 3** be able to act with indirect supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to provide supervision
	7. Acute care: Manage the early care of acutely unwell patients before and in the neonate period	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to provide supervision
	8. Communication with patients: Discuss diagnoses and management plans with patients	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to provide supervision
	9. Prescribing: Prescribe therapies tailored to patients' needs and conditions	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to provide supervision	**Level 5** be able to provide supervision
	10. Procedures: Plan, prepare for, perform, and provide aftercare for important practical procedures	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to provide supervision

	Learning goals	Entry criteria	Progression criteria		Completion criteria
		Entry into training *At entry into training, trainees will:*	**Specialty foundation** *By the end of this phase, trainees will:*	**Specialty consolidation** *By the end of this phase, trainees will:*	**Transition to fellowship** *By the end of training, trainees will:*
	11. Investigations: Select, organise, and interpret investigations relevant to the care of the sick and healthy infant	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to provide supervision
	12. Clinic management: Manage and lead outpatient services for infants	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to provide supervision
	13. Neonatal retrieval medicine: Managing emergency referral for possible neonatal and in utero transfers, consultation without the need for transfer, and undertaking emergency neonatal retrieval	**Level 2** be able to act with direct supervision	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance
	14. End-of-life care: Recognise and manage the care of patients at the end of their lives	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to provide supervision
Know	**15. Scientific foundations of neonatal and perinatal medicine**	**Level 2** know the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	**Level 3** know how to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	**Level 4** frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	**Level 5** consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*
	16. Infections and immune disorders	**Level 2** know the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	**Level 3** know how to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	**Level 4** frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	**Level 5** consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*
	17. Respiratory conditions	**Level 2** know the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	**Level 3** know how to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	**Level 4** frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	**Level 5** consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*
	18. Circulatory conditions	**Level 2** know the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	**Level 3** know how to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	**Level 4** frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	**Level 5** consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*

Learning goals	Entry criteria	Progression criteria		Completion criteria
	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to fellowship *By the end of training, trainees will:*
19. Neurological and neuromuscular conditions	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	Level 3 know how to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*
20. Haematological and malignant conditions	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	Level 3 know how to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*
21. Metabolic and endocrine conditions	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	Level 3 know how to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*
22. Kidney and urinary system conditions	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	Level 3 know how to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*
23. Gastrointestinal and hepatobiliary conditions	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	Level 3 know how to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*
24. Dermatological conditions	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	Level 3 know how to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*
25. Ophthalmological abnormalities	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	Level 3 know how to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*

| Learning goals | Entry criteria | Progression criteria | | Completion criteria |
| | Entry into training | Specialty foundation | Specialty consolidation | Transition to fellowship |
	At entry into training, trainees will:	*By the end of this phase, trainees will:*	*By the end of this phase, trainees will:*	*By the end of training, trainees will:*
26. Ear, nose and throat abnormalities	**Level 2** know the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	**Level 3** know how to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	**Level 4** frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	**Level 5** consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*
27. Fetal and perinatal medicine	**Level 2** know the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	**Level 3** know how to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	**Level 4** frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	**Level 5** consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*

Developmental & psychosocial training

Developmental and Psychosocial (D&P) Training assists trainees to develop a sophisticated understanding of child development, encompassing physical, cognitive, emotional, behavioural and social areas, which should be gained from the perspective of the child within the family and in the context of the community.

A mandatory period of D&P Training for all paediatricians was introduced to ensure that the changing nature of paediatric practice is reflected in the training programs.

> ### Review of D&P
>
> The College is working to redefine how D&P training will be embedded in the new training programs. This will include defining learning goals, and new options for trainees to achieve these learning goals, which will be embedded into the Basic and Advanced Training programs.
>
> Alternative options for completing D&P training and a timeline for implementation will be communicated during 2025. New D&P requirements will be developed, and any updates will be included in the relevant curricula standards and learning, teaching and assessment programs. Trainees and supervisors will be informed of updates with sufficient notice of any changes to ensure no disadvantage.
>
> Until alternatives are available, **it is important that trainees plan to complete the requirement for D&P training through one of the time-based options currently available, to ensure eligibility for admission to Fellowship on completion of the requirements of Advanced Training.** Trainees must satisfactorily complete this requirement to be eligible for admission to Fellowship under the Paediatrics & Child Health Division.

Aotearoa New Zealand

The D&P training requirement can be met by completing a 3-month full-time equivalent rotation in relevant specialties. These areas reflect a holistic approach to the health problems of children and young people. An understanding of the roles and inter-relationships of many allied health and community-based services, in a way that distinguishes them from experience in organ-based specialties, is required.

Australia

Developmental & psychosocial (D&P) training is currently a time-based requirement consisting of a minimum of six months full-time equivalent (FTE) in one or more of the following areas:

- Developmental/behavioural paediatrics
- Community paediatrics
- Disability/rehabilitation paediatrics
- Child and adolescent psychiatry
- Child protection
- Palliative medicine

These areas reflect a holistic approach to the health problems of children and young people. An understanding of the roles and inter-relationships of many allied health and community-based services, in a way that distinguishes them from experience in organ-based specialties, is required.

Approved training options

- **Option A: A prospectively-approved psychosocial training position (6 months full-time equivalent).** This can be completed as:

    o 2 x 3-month terms, or

    o 1 x 6-month block, or

    o a continuous part-time position, such as 2.5 days a week for 12 months (A conglomerate of experience for shorter time periods adding up to 6 months will not be accepted.)

- **Option B: A prospectively approved rural position (6 months full-time equivalent).** Complete the 6 months of training comprised of a documented weekly program in the psychosocial training areas with an appropriate level of supervision.

- **Option C: Attendance at a prospectively-approved clinic AND completion of an approved learning module.** The D&P training requirement can be completed in one of these formats:

    o 2 x sessions a week for 18 months, or

    o 1 x session a week for 3 years

An approved clinic is determined to be a clinic where other health and/or educational professionals are involved, and supervision is directed by a paediatrician who is experienced in one or multiple areas of D&P Training, such as behaviour, development, rehabilitation and child protection.

The approved learning module may be **one** of the following:

    o Evidence of attendance at a lecture series at a recognised institution, related to the D&P Training areas; or

    o 3 x referenced case reports/essays demonstrating comprehensive understanding of 3 different issues in the areas of psychosocial training – for example rehabilitation or community paediatrics (1500 to 2000 words each); or

    o Completion of the Griffith Mental Developmental Scales course.

Other prospectively approved modules may be considered.

Apply

Contact NeonatalPerinatal@racp.edu.au to apply for approval of D&P Training.

Resources

Developmental and Psychosocial Training Supervisor's Report form (DOC)

Learning, teaching, and assessment requirements

Overview

Requirements over the course of training

What do trainees need to do?	When do trainees need to do it?
Entry	
1 training application	At the start of the specialty foundation phase.
Learning	
Minimum 36 months full time equivalent (FTE) professional experience	Minimum 12 months FTE during each phase.
Developmental & psychosocial training	Before the end of Advanced Training, if not completed during Basic Training.
RACP Advanced Training Orientation resource	During the first 6 months of the specialty foundation phase.
RACP Supervisor Professional Development Program	Before the end of Advanced Training.
RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the specialty consolidation phase.
RACP Health Policy, Systems and Advocacy resource	Before the end of Advanced Training. Recommended completion before the transition to fellowship phase.
Presentation of a research at hospital grand rounds, conferences or journal club	Suggested completion over the course of Advanced Training.
Procedures logbook	1 procedural logbook, over the course of training.
Neonatal retrievals logbook	1 procedural logbook, over the course of training.
Biostatistics or quality improvement course	Suggested completion over the course of Advanced Training.
Recommended resources	Recommended completion over the course of Advanced Training.
Teaching	
Nominate 1 research project supervisor	Recommended to be nominated before the specialty consolidation phase.
Assessment	
1 research project	Before the end of Advanced Training. Recommended submission before the transition to fellowship phase.

Requirements per phase

What do trainees need to do?	When do trainees need to do it?
Learning	

1 rotation plan per rotation	At the start of (or prior to starting) the rotation.
Teaching	
Nominate 2 supervisors per rotation	At the start of each accredited or approved training rotation.
Assessment	
12 learning captures	Minimum 1 per month.
12 observation captures	Minimum 1 per month.
4 progress reports	Minimum 1 every 3 months.

Entry

Training application

Requirement	
1 x training application, at the start of the specialty foundation phase.	
Purpose	

The training application supports trainees to:

- confirm that they meet the program entry criteria
- provide essential details for program enrolment, ensuring compliance with RACP standards
- establishes a formal foundation for their training pathway, enabling access to program resources and support

The application form will be reviewed by the RACP staff. Trainees will be able to track the status of your application through the College's new Training Management Platform (TMP).

Trainees can submit rotation plans and complete assessments while waiting for their application to be approved.

How to apply

Trainees are to submit a training application for the program using TMP.

Learning

Learning blueprint

This high-level learning program blueprint outlines which of the learning goals the learning requirements *could align* and *will align* with.

Learning goals	Professional Experience			
	6 months in a neonatal setting that is accredited for and performs major surgery	18 months in a perinatal setting	6-month neonatal retrieval experience	Non-core training
1. Professional behaviours	Could align	Could align	Could align	Could align
2. Team leadership	Could align	Could align	Could align	Could align
3. Supervision and teaching	Could align	Could align	Could align	Could align
4. Quality improvement	Could align	Could align	Could align	Could align
5. Clinical assessment and management	Could align	Could align	Could align	Could align
6. Management of transitions in care and longitudinal care	Could align	Could align	Could align	Could align
7. Acute care	Could align	Could align	Could align	Could align
8. Communication with patients	Could align	Could align	Could align	Could align
9. Prescribing	Could align	Could align	Could align	Could align
10. Procedures	Will align	Could align	Could align	Could align
11. Investigations	Will align	Could align	Could align	Could align
12. Clinic management	Could align	Could align	Could align	Could align

Learning goals	Professional Experience			
	6 months in a neonatal setting that is accredited for and performs major surgery	18 months in a perinatal setting	6-month neonatal retrieval experience	Non-core training
13. Neonatal retrieval medicine	Could align	Could align	Could align	Could align
14. End-of-life care	Could align	Could align	Could align	Could align
15. Scientific foundations of neonatal and perinatal medicine	Could align	Could align	Could align	Could align
16. Infections and immune disorders	Could align	Could align	Could align	Could align
17. Respiratory conditions	Could align	Could align	Could align	Could align
18. Circulatory conditions	Could align	Could align	Could align	Could align
19. Neurological and neuromuscular conditions	Could align	Could align	Could align	Could align
20. Haematological and malignant conditions	Could align	Could align	Could align	Could align
21. Metabolic and endocrine conditions	Could align	Could align	Could align	Could align
22. Kidney and urinary system conditions	Could align	Could align	Could align	Could align
23. Gastrointestinal and hepatobiliary conditions	Could align	Could align	Could align	Could align
24. Dermatological conditions	Could align	Could align	Could align	Could align
25. Ophthalmological abnormalities	Could align	Could align	Could align	Could align
26. Ear, nose and throat abnormalities	Could align	Could align	Could align	Could align
27. Fetal and perinatal medicine	Could align	Could align	Could align	Could align

Learning goals	Learning requirements								
	Rotation plan	RACP Advanced Training Orientation resource	RACP Supervisor Professional Development Program	RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	RACP Health Policy, Systems and Advocacy resource	Biostatistics course (suggested)	Presentation of research (suggested)	Neonatal retrievals Logbook (required)	Procedures logbook (required)
1. Professional behaviours	Will align	Will align	Will align	Will align	Will align	Will align	Will align	x	x
2. Team leadership	x	x	x	x	x	x	Will align	x	x
3. Supervision and teaching	x	x	Will align	x	x	x	x	x	x
4. Quality improvement	x	x	x	x	x	Will align	x	x	x
5. Clinical assessment and management	x	x	x	x	x	x	Will align	x	x
6. Management of transitions in care and longitudinal care	x	x	x	x	x	x	x	x	x
7. Acute care	x	x	x	Will align	x	x	x	Will align	
8. Communication with patients	x	x	x	x	x	x	x	x	x
9. Prescribing	x	x	x	x	x	x	x	x	x
10. Procedures	x	x	x	x	x	x	x	x	Will align
11. Investigations	x	x	x	x	x	x	x	x	x
12. Clinic management	x	x	x	x	Will align	x	x	x	x
13. Neonatal retrieval medicine	x	x	x	x	x	x	x	Will align	x
14. End-of-life care	x	x	x	x	x	x	x	x	x
15. Scientific foundations of	x	x	x	x	x	Could align	Could align	x	x

Learning goals	Learning requirements								
	Rotation plan	RACP Advanced Training Orientation resource	RACP Supervisor Professional Development Program	RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	RACP Health Policy, Systems and Advocacy resource	Biostatistics course (suggested)	Presentation of research (suggested)	Neonatal retrievals Logbook (required)	Procedures logbook (required)
neonatal and perinatal medicine									
16. Infections and immune disorders	x	x	x	x	x	x	Could align	x	x
17. Respiratory conditions	x	x	x	x	x	x	Could align	x	x
18. Circulatory conditions	x	x	x	x	x	x	Could align	x	x
19. Neurological and neuromuscular conditions	x	x	x	x	x	x	Could align	x	x
20. Haematological and malignant conditions	x	x	x	x	x	x	Could align	x	x
21. Metabolic and endocrine conditions	x	x	x	x	x	x	Could align	x	x
22. Kidney and urinary system conditions	x	x	x	x	x	x	Could align	x	x
23. Gastrointestinal and hepatobiliary conditions	x	x	x	x	x	x	Could align	x	x
24. Dermatological conditions	x	x	x	x	x	x	Could align	x	x
25. Ophthalmological abnormalities	x	x	x	x	x	x	Could align	x	x
26. Ear, nose and throat abnormalities	x	x	x	x	x	x	Could align	x	x
27. Fetal and perinatal medicine	x	x	x	x	x	x	Could align	x	x

Professional experience

These requirements can be completed in any sequence over the course of training.

Professional experience
• Complete at least 36 months of relevant professional experience in approved rotations.
Location of training
• Complete training in at least 2 different training settings; encouraged that no longer than 18 months training is undertaken at a single setting.
• Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.
Experiential training

30 months minimum core neonatal perinatal medicine training positions, including:
 	
  • **18 months minimum** in a perinatal setting, with exposure to fetal medicine and developmental follow-up
  • **6 months minimum** (or equivalent) in a neonatal surgical setting
  • **6 months** neonatal retrieval service or undertake adequate retrieval experience throughout core training to gain competence.
 	
• **6 months maximum** in approved non-core training settings in a related specialty:
 	
  • Developmental medicine
  • Community paediatrics
  • General paediatrics
  • Infant mental health
  • Paediatric intensive care
  • Palliative care
  • Research
 	
Trainees can have no more than **6 months** of core training certified at a registrar level.

Rotation plan

Requirement
1 x rotation plan per rotation.
Description
The rotation plan is a work-based tool to document details of a training rotation and how a trainee intends to cover their program learning goals over the rotation period.
Purpose
The rotation plan helps trainees evaluate their learning gaps, curriculum needs, and local opportunities to meet expected standards. It is validated by College staff to ensure it aligns with the professional experience requirements for the program.
How to complete it
Trainees can submit a rotation plan in TMP under the training plan tab.

Trainees undertaking their first rotation of their training program must select the following checkbox, 'The rotation start date is also the start date of my Training Program' to record the start date for their training program.

If a trainee is expecting a learning goal to be covered during a rotation, select 'yes' for 'coverage offered' and outline the learning opportunities available.

This information will be used by supervisors and overseeing RACP training committee to determine the relevance of the rotation to the program's professional experience requirements.

Trainees should upload a copy of the position description and any other supporting information that outlines the training position being undertaken. This should include regular/weekly activities that the trainee will be undertaking during the rotation (e.g. timetable).

Trainees can also set custom goals to define personal objectives that they want to achieve during the rotation. These goals should be measurable and align with the trainee's professional objectives, skill gaps, or personal interests.

Trainees need to nominate their rotation supervisors in the plan, and they will need to approve the plan in TMP via 'my assigned actions'.

For more information on how to complete a rotation plan review the training resources.

Presentation of research

Requirement
1 Presentation of a research at hospital grand rounds, conferences or journal club (suggested)
Description
This activity gives an opportunity for the trainee to translate evidence-based medicine into improving clinical practise and optimising outcomes for neonatal patients.
Purpose
Exposure to diverse ideas and various methods of communication, along with networking opportunities, significantly broadens your perspective. It fosters an appreciation for evidence-based practices and provides substantial professional development benefits. Additionally, it facilitates knowledge acquisition by keeping you informed about the latest trials and advancements in the field.
How to complete it
At hospital grand rounds, conferences or journal clubs

Procedures logbook

Requirement
1 x logbook, completed by the end of Advanced Training.

Description

These procedures are considered within scope of practice in Neonatal and Perinatal Medicine. M = Mandatory, D = Desired (depending on exposure).

The logbook is a learning tool that helps trainees capture data about and reflect on specific workplace experiences. The logbook tool is currently under development. More information on the tool and how to complete it will be available in 2025.

Procedure	Requirement level	Recommended minimum number
Bag and mask ventilation	M	20
Bladder ultrasound (performance)	M	5
Capillary blood sampling	M	5
Cardiopulmonary resuscitation (CPR) chest compressions	M	5
Continuous positive airway pressure (CPAP)	M	10
Conventional ventilator	M	10
Endotracheal intubation: nasal and/or oral	M	20
High flow oxygen therapy	M	10
High frequency oscillatory ventilator	M	10
Inspired nitric oxide	M	10
Intercostal chest drain insertion	M	5
Leadership during a resuscitation	M	20
Lumbar puncture (diagnostic and therapeutic)	M	10
Naso- and orogastric tube insertion	M	5
Nasopharyngeal tube insertion	M	5
Peripheral arterial catheter insertion	M	5
Peripheral arterial puncture	M	5
Peripheral intravenous cannula insertion	M	20
Peripherally inserted central catheter	M	10

Supraglottic airway (LMA) placement	M	5
Suprapubic aspiration for urine collection	M	10
Surfactant administration via endotracheal tube and minimally invasive methods	M	10
Thoracocentesis	M	5
Umbilical arterial catheter insertion	M	10
Umbilical venous catheter insertion	M	10
Urinary bladder catheterisation	M	10
Venesection and blood culture collection	M	20
Abdominal paracentesis	D	-
Cranial ultrasound (performance)	D	-
Emergency pericardiocentesis	D	-
Exchange transfusion (partial, single, and/or double volume)	D	-
Intraosseous needle insertion	D	-
Ventricular drainage	D	-

Note. The number indicated for each procedure is a recommended minimum number for trainees to record and reflect on in the logbook. This number does not equate to competency in the procedure. Competency in these procedures will be assessed through observation captures. Further information on what is expected of trainees can be found in the EPA 9 – Procedures

Neonatal retrievals logbook

Requirement
1 x logbook, completed by the end of Advanced Training.
Description
Trainees are required to document and reflect on a recommended minimum of 25 neonatal retrievals representing a broad range of complexities. It is expected that these retrievals: 1. Involved the trainee as the leader of the transfer in the majority of cases   2. Required ventilatory support in at least 50% of the cases (this can be CPAP or HHFNC >4L/min)   3. Involved a variety of pathology including term, preterm, cardiac and neurological cases   4. Are individually reflected upon

> The logbook is a learning tool that helps trainees capture data about and reflect on specific workplace experiences. The logbook tool is currently under development. More information on the tool and how to complete it will be available in 2025.

Courses

RACP Advanced Training Orientation resource

Requirement
1 x RACP Advanced Training Orientation resource, completed during the first 6 months of the specialty foundation phase.
Description
This resource is designed to orient trainees to Advanced Training. It covers areas such as transition to Advanced Training, training and assessment, and trainee support. It's a 'one-stop shop' that trainees can return to if they ever want to find a useful resource, or need a refresher on the supporting resources, policies, and systems available to them. Estimated completion time: 1-1.5 hours.
Purpose
The resource is intended to support trainees to successfully navigate their transition to Advanced Training and prepare for unsupervised practice as a specialist physician.
How to complete it
Trainees can complete the Advanced Training Orientation resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Supervisor Professional Development Program

Requirement
1 x RACP Supervisor Professional Development Program (SPDP), completed by the end of Advanced Training.
Description
The SPDP consists of 3 workshops: • Educational Leadership and Management • Learning Environment and Culture • Teaching and Facilitating Learning for Safe Practice See Supervisor Professional Development Program for more information on the program.

Purpose
This requirement aims to prepare trainees for a supervisory/educator role in the workplace and supports trainees' learning aligned with the "team leadership" and "supervision and teaching" learning goals.

How to complete it
Register for a supervisor workshop. Trainees can complete the SPDP in three ways: • Virtual workshops • Face-to-face workshops • Online courses. Workshops are free and presented by volunteer Fellows trained in SPDP facilitation.

RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource

Requirement
1 x Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, if not completed during Basic Training. Trainees must complete the resource by the end of their Advanced Training however it's recommended they complete it before the specialty consolidation phase.

Description
The Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource teaches best practice medicine for Aboriginal, Torres Strait Islander and Māori patients through reflection on the trainee's own cultural values and recognition of their influence on professional practice. Estimated completion time: 2 hours.

Purpose
This resource supports trainees' learning aligned with the "professional behaviours" learning goal. Specialist training requires trainees to: • examine their own implicit biases • be mindful of power differentials • develop reflective practice • undertake transformative unlearning • contribute to a decolonisation of health services for Indigenous peoples

How to complete it
Trainees can complete the Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Health Policy, Systems and Advocacy resource

Requirement
1 x RACP Health Policy, Systems and Advocacy resource, completed by the end of Advanced Training.
Description
This resource has been designed for Advanced Trainees, as an introduction to health policy, systems, and advocacy. Estimated completion time: 5 hours.
Purpose
The resource aims to support Advanced Trainees in meeting the health policy, systems, and advocacy professional standard and underpinning competencies outlined in their specialty curriculum, and to enable connections between Advanced Trainees' own practice and the nature and attributes of local, national, and global health systems.
How to complete it
Trainees can complete the RACP Health Policy, Systems and Advocacy resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

Biostatistics course

Requirement
1 x Attendance at a biostatistics or quality improvement course (suggested)
Description
Recommendation for trainees to attend introductory biostatistics course.
Purpose
To assist trainees with the requirements of their College program, interpretation of research findings applied to every day practice and critical thinking skills when performing quality improvement projects.

How to complete it
Examples of courses: - Murdoch Children's Research Institute CEBU course - Evidence-based Practice for Improving Quality (EPIQ) - Monash's Biostatistics for Clinical and Public Health Research course - Multiple other universities offering introductory Biostatistics courses through Public Health or Medicine

Recommended resources

- RACP Communication Skills resource
- RACP Ethics resource
- RACP Introduction to Leadership, Management and Teamwork resource
- RACP Research Projects resource
- RACP eLearning resources
- RACP curated collections

Teaching

Supervision

Rotation supervisors

Trainees are to have 2 x supervisors per rotation:

Core and non-core training:

2 individuals for the role of Education Supervisor

- **Minimum of 1** supervisor per rotation who is a Fellow of the RACP

Nominating eligible supervisors
Trainees will be asked to nominate rotation supervisors as part of their learning plan. Trainees are required to nominate eligible supervisors who meet the above requirements.

A list of eligible supervisors can be found on MyRACP. The list is not available for post-Fellowship trainees. Post-Fellowship trainees can contact us to confirm supervisor eligibility.

Research project supervisor

Trainees are to nominate 1 x research project supervisor over the course of Advanced Training. Recommended to be nominated before the specialty consolidation phase.

The research project supervisor guides trainees with their project choice, method, data analysis and interpretation, and quality of written and oral presentation.

More information about this role can be found in the Advanced Training research project guidelines.

Assessment

Assessment blueprint

This high-level assessment program blueprint outlines which of the learning goals *could be* and *will be* assessed by the assessment tools.

Learning goals	Learning capture	Observation capture	Progress report	Research project
1 Professional behaviours	Could assess	Could assess	Will assess	Will assess
2 Team leadership	Could assess	Could assess	Will assess	x
3 Supervision and teaching	Could assess	Could assess	Will assess	x
4 Quality improvement	Could assess	Could assess	Will assess	Could assess
5 Clinical assessment and management	Could assess	Could assess	Will assess	x
6 Manage transitions in care and longitudinal care	Could assess	Could assess	Will assess	x
7 Acute care	Could assess	Could assess	Will assess	x
8 Communication with patients	Could assess	Could assess	Will assess	x
9 Prescribing	Could assess	Could assess	Will assess	x
10 Procedures	Could assess	Could assess	Will assess	x
11 Investigations	Could assess	Could assess	Will assess	Could assess
12 Clinic management	Could assess	Could assess	Will assess	Could assess
13 Neonatal retrieval medicine	Could assess	Could assess	Will assess	Could assess
14 End-of-life care	Could assess	Could assess	Will assess	Could assess
15 Scientific foundations of neonatal and perinatal medicine	Could assess	Could assess	Will assess	Could assess
16 Infections and immune disorders	Could assess	Could assess	Will assess	Could assess
17 Respiratory conditions	Could assess	Could assess	Will assess	Could assess
18 Circulatory conditions	Could assess	Could assess	Will assess	Could assess
19 Neurological and neuromuscular conditions	Could assess	Could assess	Will assess	Could assess
20 Haematological and malignant conditions	Could assess	Could assess	Will assess	Could assess
21 Metabolic and endocrine conditions	Could assess	Could assess	Will assess	Could assess
22 Kidney and urinary system conditions	Could assess	Could assess	Will assess	Could assess
23 Gastrointestinal and hepatobiliary conditions	Could assess	Could assess	Will assess	Could assess

Learning goals	Learning capture	Observation capture	Progress report	Research project
24 Dermatological conditions	Could assess	Could assess	Will assess	Could assess
25 Ophthalmological abnormalities	Could assess	Could assess	Will assess	Could assess
26 Ear, nose, and throat abnormalities	Could assess	Could assess	Will assess	Could assess
27 Fetal and perinatal medicine	Could assess	Could assess	Will assess	Could assess

Learning capture

Requirement
12 x learning captures per phase of training, minimum 1 per month.
Refer to RACP Flexible Training Policy for further information on part-time training (item 4.2).
Description
The learning capture is a work-based assessment that involves a trainee capturing, and reflecting on, professional development activities, including evidence of work-based learning linked to specific learning goals.
Purpose
The learning capture assists trainees to reflect on experiences, promotes critical thinking, and connects these to a trainee's learning goals and professional development. It is also a valuable mechanism for trainees to enhance their understanding of complex topics and less common experiences that may be difficult to encounter in traditional training.
How to complete it
The learning capture is completed via TMP under the assessment requirements tab.
For more information on how to complete a learning capture review the training resources.

Observation capture

Requirement
12 x observation captures per phase of training, minimum 1 per month.
Refer to RACP Flexible Training Policy for further information on part-time training (item 4.2).
Description
An observation capture is a work-based assessment which provides a structured process for trainees to demonstrate their knowledge and skills in real-time workplace situations, while assessors observe and evaluate performance.
Purpose
The purpose of the observation capture is to assess skill development, track progress, and provide targeted feedback for improvement for trainees against specific learning goals.
How to complete it
Observation captures are completed via TMP under the assessment requirements tab.
For more information on how to complete an observation capture review the training resources.

Progress report

Requirement
4 x progress reports per phase of training, minimum 1 every 3 months.
Refer to [RACP Flexible Training Policy](#) for further information on part-time training (item 4.2).

Description
A progress report is an assessment that documents trainees' and supervisors' assessment of trainee progress against the training program learning goals over a period of training.

Purpose
Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.

How to complete it
Progress reports will be completed using TMP. Instructions on how to complete a progress report will be available in 2025.

Research project

Requirement
1 x research project over the course of Advanced Training.

Description
The research project should be one with which the trainee has had significant involvement in designing, conducting the research and analysing data. Trainees may work as part of a larger research project but must have significant input into a particular aspect of the study.
Research projects are not required to be specialty-specific but are required to be broadly relevant to trainees' area of specialty. Broadly relevant can be defined as topics that can enhance, complement and inform trainees' practice in the chosen specialty.
Three types of research projects are accepted:
- Research in human subjects, populations and communities or laboratory research   - Audit   - Systematic review
The trainee must have a research project supervisor who may or may not be one of their rotation supervisors.
The research project is marked by the training committee as Satisfactory or Unsatisfactory and trainees receive qualitative feedback about their project. The research project should be submitted for marking by the end of the specialty consolidation phase to allow time for resubmission in the transition to Fellowship phase if the project is unsatisfactory.

Purpose
The research project enabled trainees to gain experience in research methods; in interpretation of research literature; in participation in research at some stage of their career; and to develop quality improvement skills. Submission of a research project provides

evidence of the skills of considering and defining research problems; the systematic acquisition, analysis, synthesis and interpretation of data; and effective written communication.

How to complete it

Detailed information on how to complete the research project can be found in the Advanced Training research project guidelines.

Email research project submissions to Research.Project@racp.edu.au by one of the following deadlines:

Due 15 September or 15 January in any year of Advanced Training.

Roles and responsibilities

Advanced Trainee

Role
A member who is registered with the RACP to undertake one or more Advanced Training programs.
Responsibilities
- Maintain employment in accredited training settings.   - Act as a self-directed learner: - be aware of the educational requirements outlined in the relevant curricula and education policies   - actively seek and reflect on feedback from assessors, supervisors, and other colleagues   - plan, reflect on, and manage their learning and progression against the curricula standards   - adhere to the deadlines for requirements of the training program.   - Actively participate in training setting / network accreditation undertaken by the RACP.   - Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Rotation supervisor

Role
A consultant who provides direct oversight of an Advanced Trainee during a training rotation.
Responsibilities
- Be aware of the educational requirements outlined in the relevant curricula and education policies.   - Oversee and support the progression of Advanced Trainees within the setting: - Assist trainees to plan their learning during the rotation.   - Support colleagues to complete observation captures with trainees.   - Provide feedback to trainees through progress reports.   - Actively participate in rotation accreditation undertaken by the RACP.   - Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Assessor

Role
A person who provides feedback to trainees via the Observation Capture or Learning Capture tool. This may include consultants and other medical professionals, allied health

professionals, nursing staff, patients and their families, administrative staff, and consumer representatives.

Responsibilities

• Be aware of the learning goals of the training program.
• Provide feedback to support the progression of Advanced Trainees within the setting:
    ○ Complete Observation Captures.
    ○ Provide feedback on Learning Captures as required.

Progress Review Panel

Role
A group convened to make evidence-based decisions on Advanced Trainees' progression through and certification of training. More information on Progress Review Panels will be available in 2025.
Responsibilities
• Review and assess trainees' progress. • Communicate and report on progression decisions. • Monitor delivery of the Advanced Training program. • Ensure compliance to regulatory, policy and ethical matters.

RACP oversight committees

Role
RACP-administered committees with oversight of the Advanced Training Program in Australia and New Zealand. This includes the relevant training committee and/or Aotearoa New Zealand training subcommittee.
Responsibilities

• Oversee implementation of the Advanced Training program in Australia and Aotearoa New Zealand:
    ○ Manage and review program requirements, accreditation requirements, and supervision requirements.
    ○ Monitor implementation of training program requirements.
    ○ Implement RACP education policy.
    ○ Oversee trainees' progression through the training program.
    ○ Monitor the accreditation of training settings.
    ○ Case manage trainees on the Training Support pathway.
    ○ Review progression and certification decisions on application in accordance with the RACP Reconsideration, Review, and Appeals By-Law.
• Work collaboratively with Progress Review Panels to ensure the delivery of quality training.
• Provide feedback, guidance, recommendations, and reasoning for decision making to trainees and supervisors.

- Declare conflicts of interest and excuse themselves from decision making discussions when conflicts arise.
- Report to the overseeing RACP committee as required.

Resources

See RACP Online Learning for new curricula training and support resources.

For trainees

- Education policies
- Trainee support
- Trainee responsibilities
- Accredited settings
- Training fees

For supervisors

- Supervisor Professional Development Program
- RACP Research Supervision resource
- RACP Training Support resource
- RACP Creating a Safe Workplace resource